

ENNERDALE RURAL DISTRICT

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ANNUAL REPORT

OF THE

Medical Officer of Health

For the Year 1937

J. W. INNES, M.A., M.B., CH.B., D.P.H.
MEDICAL OFFICER OF HEALTH

WHITEHAVEN :

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1938

ENNERDALE RURAL DISTRICT COUNCIL.

HEALTH AND HOUSING COMMITTEE.

Chairman :

Councillor LOWREY.

Members ex-officio :

The Chairman of the Council—Councillor FLYNN.
The Vice-Chairman of the Council—Councillor COOK.

Members :

Councillors—ATKINSON, BELL, BRADY, BUCKLE, CROOKDAKE,
DALTON, FINLINSON, KIRKBY, W. J. MURRAY,
THOMPSON.

GALEMIRE HOSPITAL SUB-COMMITTEE.

Councillors—W. J. MURRAY (Chairman), DALTON, FINLINSON,
KIRKBY.

STAFF.

J. W. INNES, M.A., M.B., Ch.B., D.P.H.
Medical Officer of Health.

J. L. HUNTER, M.B., Ch.B., D.P.H.
Assistant Medical Officer of Health.

W. S. EATON, M.B., Ch.B.
Medical Superintendent, Galemire Hospital (part time).
(Terminated March 31st, 1937).

*†	R. BROWN	...	...	<i>Sanitary Inspector and Surveyor.</i>
x*†	J. BUTTERY	...	...	<i>Senior Assistant Sanitary Inspector.</i>
‡	J. BELL	...	...	<i>Assistant Sanitary Inspector.</i>
*§	J. LEIGH	...	...	<i>do.</i>
	P. J. ELDON	...	...	<i>Pupil Sanitary Inspector.</i>
	H. GRAHAM	...	...	<i>do.</i>
	J. WEAR	...	...	<i>Clerk.</i>

* Sanitary Inspector's Certificate, Royal Sanitary Institute.

† Certificate Meat and Other Foods (R.S.I.).

‡ Sanitary Inspector's Certificate and Certificate of Meat and
Other Foods, Scottish Sanitary Association.

§ Certificate of Meat and Other Foods, Liverpool University.

x Certificate in Sanitary Science as Applied to Buildings and
Public Works.



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May 10th, 1938.

*To the Chairman and Members of the
Ennerdale Rural District Council.*

MR. CHAIRMAN AND GENTLEMEN:

I beg to present my Annual Report for 1937.

The report has been drawn up on the lines laid down by the Ministry of Health, and the information and statistics required are shown in it, but I thought I might briefly allude here to some of the main features.

There is practically no improvement to record in connection with the industrial situation in the area, and the long-continued depression is again reflected in the statistics for the year.

The general Death Rate exceeds the rates both for the County and for the country as a whole.

The Infantile Mortality Rate is again very disappointing, being 15 worse as compared with 1936, and 28 worse than the rate for England.

The Death Rate from Tuberculosis is double the rate for the country as a whole.

One cannot get away from the presumption that the lowered standard of living is bound to be affecting these figures; another factor, which shall be mentioned later on, being bad housing conditions.

Another remarkable feature, dealing with death rates, is the extraordinary increase in the number of Cancer deaths; fifty-nine according to the Registrar General, or twenty-six more than for the previous year, giving a rate of 2.2 per 1,000 of population, as against 1.6 for England and Wales.

On the other hand, the district was much freer during the year from disease of an epidemic nature, and I am pleased to be able to state that the situation as regards Diphtheria is now quite normal, the number of cases occurring in 1937 being one fifth of those in 1936. This may largely be attributed to the efforts made to get children immunised, but it is to be hoped that the public will not lose interest now that the danger is not so imminent.

In the report I have drawn attention to the unsatisfactory state at Galemire Hospital as regards accommodation

both for patients and, especially, for staff, and to the great difficulty of staffing the hospital under existing conditions.

The position as regards housing in the area is most unsatisfactory. Public enquiries were held during the year into eight more clearance areas, making twenty-nine in all so far represented and confirmed; but so far not a single house has been commenced for the rehousing of the people affected by these Orders. This is a very serious situation, and there is no doubt in my mind that the deplorable conditions in which people are living are an important factor as regards the unsatisfactory mortality rates to which I have already alluded.

Progress has been made in regard to certain of the schemes for water supplies and sewerage. One sewerage scheme has been completed, and work is now proceeding on others.

More detailed information with regard to these matters and the various statistics required by the Ministry of Health will be found in the body of the report.

I am,

Mr. Chairman and Gentlemen,

Your obedient servant,

J. W. INNES,

Medical Officer of Health.

ENNERDALE RURAL DISTRICT.

A. I.—GENERAL STATISTICS.

Area of the Rural District of Ennerdale in acres	88,730
Population (estimated, 1937)	26,710
Number of Inhabited Houses (end of 1937 according to Rate Books)	7,002
Rateable Value	£97,044
Sum represented by a Penny Rate	£330

II.—SOCIAL CONDITIONS OF THE AREA.

As mentioned in previous reports, the industrial situation in the area has been in a very bad state for a number of years.

The chief industry is Iron Ore mining, but most of the mines have been at a complete standstill for years with the result that unemployment is general throughout the district, especially in the Frizington and Cleator Moor districts.

The Cleator Moor Labour Exchange covers the major portion of the district with the exception of Lowca, Distington, Moresby, Parton, and St. Bees, and I am indebted to the Manager of that Exchange for the following information:—

The number of insured workers in the area covered by this Exchange was in mid-year 4,870, and the number did not vary very considerably throughout the year. At the beginning of the year the number of unemployed insured workers was 2,112; by the end of March it had risen to 2,129, and then fell because of seasonal employment to 1,795 and 1,696 at the end of the second and third quarters respectively, after which it again rose and at the close of the year stood at 1,922, 190 less than the figure at the end of the previous year.

Voluntary physical training classes have been organised by the Ministry of Labour on behalf of the Commissioner for Special Areas at Cleator Moor and Egremont; the average attendance being 20 at Cleator Moor and 26 at Egremont. The training is carried out under the charge of a qualified instructor. Facilities are provided for football and also for swimming.

III.—EXTRACTS FROM VITAL STATISTICS FOR THE YEAR.

NOTE.—In several instances it has been found impossible to get the local records to agree with the figures supplied by the Registrar General, *e.g.*, deaths, Infantile deaths, and deaths from Cancer. The Registrar General's figures have been used for the compilation of statistical rates, but the local returns have been used to prepare tables of details.

		<i>Total.</i>	<i>Male.</i>	<i>Female.</i>
Live Births—Legitimate	...	421	225	196
Illegitimate	...	22	13	9
		<hr/>	<hr/>	<hr/>
Total	...	443	238	205
		<hr/>	<hr/>	<hr/>

Birth Rate per 1,000 of population, 16.6

Stillbirths 13 8 5

Rate per 1,000 total births 28.5

Deaths 418 239 179

Crude Death Rate per 1,000 of population, 15.6

Adjusted ,, ,, ,, 16.4

Deaths from Puerperal Causes.

		<i>Deaths.</i>	<i>Rate per 1,000 (Live and Still) Births</i>
From Sepsis	... ...	<i>nil</i>	<i>nil</i>
,, Other Causes	... ...	<i>nil</i>	<i>nil</i>
		<hr/>	<hr/>
Total		<i>nil</i>	<i>nil</i>
		<hr/>	<hr/>

Death Rate of Infants under One Year of Age.

All Infants per 1,000 live births	... ... ...	86
Legitimate Infants per 1,000 legitimate live births	...	90
Illegitimate Infants per 1,000 illegitimate live births		nil
Deaths from Cancer (all ages)	... ... ...	59
Deaths from Measles (all ages)	... ... ...	nil
Deaths from Whooping Cough (all ages)	... ... ...	1
Deaths from Diarrhoea (under two years of age)	...	3

POPULATION.

The Registrar General's estimate of resident population in the District at the middle of 1937 was 26,710, a reduction of 800 compared with the estimate for the middle of 1936.

As the natural increase, *i.e.*, the excess of births over deaths was 25, this means that it has been estimated that 825 people must have left the district during the year, due chiefly to lack of employment.

BIRTHS.

Birth Rate per 1,000 of population	...	...	16.6
„ „ England and Wales	...	14.9	
„ „ Rural Districts of Cumberland		15.3	
„ „ Urban Districts of Cumberland		16.9	
„ „ County of Cumberland	...	16.0	

The number of births registered during the year was 443—238 males and 205 females—of whom 22—13 males and 9 females—were illegitimate. The Birth Rate was 16.6 per 1,000 of population, a figure which is 0.7 lower than last year but 1.7 higher than the rate for England and Wales.

DEATHS.

Crude Death Rate per 1,000 of population	...	15.6	
Adjusted	„ „ „	16.4	
		Crude	Adjusted
Death Rate—England and Wales	...	12.4	—
„ „ Rural Districts of Cum-			
berland	... ..	14.6	13.3
„ „ Urban Districts of Cum-			
berland	... ..	13.8	13.9
„ „ County of Cumberland		14.4	13.8

The nett deaths for the District after making adjustments for inward and outward transfers, *i.e.*, after adding the number of residents who died outside the District but were normally resident in the District, and deducting those who

died in the District but were normally resident outside, numbered according to the Registrar General 418—239 male and 179 female—an increase of 31 compared with the number for the previous year, the increase being in the male group, the number of males who died being 51 more—of females 20 less.

This gives a crude Death Rate of 15.6.

It has been explained in a previous report how the adjusted Death Rate is arrived at, by employing an adjusting factor which is furnished by the Registrar General. Briefly, the factor adjusts, for comparison, the rates of different districts some of which might show rates too favourable, *e.g.*, a district with a high proportion of young adults would show a low death rate when compared to a district with a high proportion of old people.

In the case of the Ennerdale Rural District, the adjusting factor is 1.05, which gives an adjusted Death Rate of 16.4, a figure which is higher than last year's figure by 1.6. This rate is 2.6 higher than the corresponding rate for the County of Cumberland, and 4.2 higher than the rate for England and Wales, but as has already been shown, over 800 people have left the district within the year. The comparability factor should, therefore, be modified accordingly, since it may be presumed that the majority of those leaving will be younger people in search of employment, which will be reflected adversely in the Death Rate.

This is borne out by the Table which shows the age at death of all cases. From it one sees that a large proportion of deaths occur in the most advanced age groups.

The chief causes of death were Diseases of the Heart and Circulatory System 116, Cancer 59, Pneumonia, Bronchitis etc. 51, and Tuberculosis 37.

The following two Tables show the age at death of all cases and the causes of death.

AGE AT DEATH OF ALL CASES, ENNERDALE RURAL DISTRICT, 1937.

Age Groups	Under 1 year	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	Over 65	Total*
Males ...	23	5	1	3	3	2	1	4	5	6	12	17	46	113	241
Females ...	13	4	2	1	1	1	1	6	5	8	8	14	28	84	176

* Compiled from Local Returns.

Registrar General shows 239 males and 179 females.

CAUSES OF DEATH DURING THE YEAR 1937.
(Registrar General's Return).

Causes of Death.	Males.	Females.
All causes	239	179
Typhoid and Paratyphoid Fevers ...	—	—
Measles	—	—
Scarlet Fever	—	—
Whooping Cough	1	—
Diphtheria	1	—
Influenza	6	12
Encephalitis Lethargica	—	—
Cerebro-Spinal Fever	—	—
Tuberculosis of Respiratory System	11	14
Other Tuberculous Disease	6	6
Syphilis	—	—
General Paralysis of the Insane, Tabes Dorsalis	1	—
Cancer, malignant disease	30	29
Diabetes	1	5
Cerebral Hæmorrhage, &c.	17	11
Heart Disease	37	29
Aneurysm	1	1
Other Circulatory Diseases	11	9
Bronchitis	12	2
Pneumonia (all forms)	14	7
Other Respiratory Diseases	15	1
Peptic Ulcer	1	2
Diarrhœa (under 2 years)	1	2
Diarrhœa (2 years and over)	—	—
Appendicitis	—	—
Cirrhosis of Liver	—	—
Other Diseases of Liver, &c.	—	3
Other Digestive Diseases	2	—
Acute and Chronic Nephritis	5	4
Puerperal Sepsis	—	—
Other Puerperal Causes	—	—
Congenital Debility, Premature Birth, Malformations, &c. ...	14	10
Senility	20	10
Suicide	2	—
Other Violence	12	3
Other Defined Diseases	13	15
Causes ill-defined or unknown ...	5	4

INFANTILE MORTALITY.

Death Rate of Infants under one year of age per 1,000 live births:—

Legitimate, 90.	Illegitimate, nil.	Total, 86
England and Wales	58
Rural Districts of Cumberland	63
Urban Districts of Cumberland	59
County of Cumberland	61

The deaths of children under one year of age by the Registrar General's return numbered 38—24 male and 14 female. This gives an Infantile Mortality Rate of 86, a figure which is 15 worse than for 1936, 25 worse than the rate for the County as a whole, and 28 worse than the rate for England and Wales.

Local records, however, only show 36 infantile deaths.

The chief causes of death were Prematurity and Congenital Defects which accounted for 24 deaths, and Bronchitis and Pneumonia which together accounted for 10. Eighteen deaths took place within the neo-natal period, *i.e.*, within one month of birth. The mortality rate for male children was 101 and for female children 68.

The causes and age at death are shown in the accompanying Table:—

INFANTILE DEATHS SHOWN BY AGES AND CAUSE OF DEATH.

CAUSE OF DEATH.	AGE IN WEEKS.				AGE IN MONTHS.							Total Deaths
	Under 1	1—2	2—3	3—4	Under 1 M'th	1—2	2—3	3—6	6—9	9—12		
Premature Birth 	9	1	1	1	12	2	—	—	—	—	14	
Congenital Malformations and Debility	4	—	2	—	6	1	—	—	3	—	10	
Gastro-Enteritis 	—	—	—	—	—	—	—	—	—	1	1	
Bronchitis and Pneumonia 	—	—	—	—	—	2	4	2	—	2	10	
Tubercular Meningitis	—	—	—	—	—	—	1	—	—	—	1	

In view of the continued unsatisfactory rate for Infantile Mortality in the district the registered births, infantile deaths and infantile mortality rates have been worked out by parishes in the following Table, which shows that seven parishes give rates in excess of the average rate of the country. The attention of the County Council Welfare Authority might be directed to these parishes with a view to their concentrating on those places showing high mortality figures.

BIRTHS, INFANTILE DEATHS, AND MORTALITY BY PARISHES.

			<i>Registered Births.</i>	<i>Infantile Deaths.</i>	<i>Infantile Mortality Rate.</i>
Cleator Moor	...	...	101	9	89
Frizington	...	...	86	5	58
Egremont	...	...	66	7	106
Distington	...	...	30	2	67
Parton	...	...	29	1	34
Lowca	...	...	29	1	34
Moresby	...	...	18	3	167
St. John	...	...	15	2	133
Weddicar	...	...	11	1	91
St. Bees	...	...	9	—	—
Gosforth	...	...	7	—	—
Lamplugh	...	...	7	—	—
St. Bridget	...	...	5	—	—
Ennerdale	...	...	5	—	—
Haile	...	...	4	1	250
Ponsonby	...	...	2	—	—
Lowside Quarter	...	...	2	—	—
Registered Outside District			17	4	235
Total	...	...	443	36	81

B.—GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

I.—PUBLIC HEALTH OFFICERS.

A list of these is given at the beginning of the report.

The only change in staff that took place during the year was that Dr. Eaton ceased to be in charge of Galemire Infectious Diseases Hospital, which was put under the Medical Officer of Health, thus giving unified control in the administration with regard to infectious diseases.

II.—GENERAL HEALTH SERVICES.

The general provision of health services was detailed in last year's report and there are no changes to report in these arrangements. Only one or two comments are therefore necessary in this connection.

HOSPITALS.

(1) *General.* The Whitehaven and West Cumberland Hospital serves the needs of the area for general hospital purposes. The accommodation at that Hospital has for some time been proving inadequate for the amount of work it has been called upon to do. A scheme for the extension of the present Hospital was examined and turned down on economic grounds. Since then a scheme has been approved for the provision of a new Hospital and substantial financial assistance has been promised by the Commissioner of the Special Areas, the County Council, and the Whitehaven Borough Council. A new site has been acquired and plans are now being prepared for a new Hospital with increased and improved accommodation.

(2) *Fever.* The position is as stated in last year's report, cases from Ennerdale Rural District and from Whitehaven Borough being admitted to Galemire Hospital, owned by the District Council, the maintenance costs being equally shared between the two authorities.

Bransty Hospital is in the meantime retained by the Borough Council as a standby in case Galemire should prove inadequate in the event of an epidemic, but Bransty Hospital has already outlived its period of usefulness and could only be used in emergency. The accommodation at Galemire is

inadequate for the proper treatment of patients whilst the accommodation for staff is hopelessly inadequate, so much so that it is quite impossible to get staff to work and live under the prevailing conditions, and lately there has been a succession of nurses who have resigned almost immediately on arrival.

The County Council's scheme for the centralisation of Fever Hospital accommodation has now been in the offing for a number of years and does not appear to be any nearer to materialising, and the position is one of extraordinary difficulty to the local authorities owing to the uncertainty as to policy.

The present position not only creates needless administrative problems, but is also in my opinion taking serious risks with the safety of the community in regard to infectious diseases, and failing some definite move by the County Council, the Local Authorities should consider making reasonable provision for themselves, especially seeing that the neighbouring authority of Millom has now given up its Isolation Hospital, which likewise had passed beyond service, and the Ennerdale Rural District Council has agreed to admit cases, when possible, from that Authority as well. The position in West Cumberland as regards provision for dealing with infectious diseases can only be described as serious.

LABORATORY FACILITIES.

The provisions for the examination of Laboratory specimens remained as detailed in last year's report. During the year practitioners in the area sent 135 specimens for examination at a cost of £21 7s. 6d. The specimens examined were as follows:—

<i>Disease suspected.</i>	<i>Positive.</i>	<i>Negative.</i>	<i>Total.</i>
Tuberculosis	9	62	71
Diphtheria	8	46	54
Diphtheria or Vincent's			
Angina	—	2	2
Enteric	—	1	1
Dysentery	—	1	1
<i>Cerebro Spinal Fever.</i>			
Fluid	—	1	1
Swabs	—	5	5

135

C.—SANITARY CIRCUMSTANCES OF THE AREA.

WATER SUPPLY.

With the exception of certain isolated houses and farms the greater part of the District is well supplied with water. There are, however, insufficient and/or unsuitable supplies to certain parts, e.g. the hamlets of Quality Corner and Howgate. The distribution of water in the Parishes of Arlecdon and Frizington, Cleator and St. Bees is deficient in certain areas on account of the serious incrustation of the mains.

Improvement schemes have been submitted in respect of St. Bees and part of the Parish of Arlecdon and Frizington, and further schemes are in preparation to deal with Arlecdon and Frizington and Cleator Moor.

Work was commenced on the Arlecdon and Frizington (Cogra) Water supply improvement scheme on 29th September, 1937, and is expected to be completed by the end of June, 1938.

No progress has, however, been made with the improvement of the supply to Quality Corner and Howgate, but Whitehaven Borough Council has now completed plans for their scheme from which the supply is to be taken.

On 27th April, 1937, representatives of the Council attended a conference at the Town Hall, Whitehaven, called by the Minister of Health to consider the necessity for a regional scheme of water supply for South West Cumberland. The conference was presided over by Mr. W. M. Cross, M.Inst.C.E., Deputy Chief Engineering Inspector of the Ministry of Health, and was attended by the three neighbouring local authorities. No further action, as yet, has taken place as a result of the Conference.

The maintenance of the water undertakings is considerably impaired by the seriously diminished income due to reduced industrial demand for water.

DRAINAGE AND SEWERAGE.

There is little change to record during the year. Of the schemes in hand the present position is:—

<i>Parish.</i>	<i>Public Inquiry Held.</i>	<i>Present Position of Scheme.</i>
Egremont (Moor Row, Bigrigg)	15-12-36	Awaits M. of H. approval. Work commenced 28-3-38.
Gosforth	16-12-36	Awaits M. of H. approval.
St. Bees	17-12-36	Work commenced 28-9-37.
Haile	10- 2-37	Work completed 8-3-38.
Calderbridge	10- 2-37	Work commenced 26-1-38.
Weddicar	6- 7-37	Tenders obtained March, 1938.

A scheme for the Parish of Arlecdon and Frizington, estimated cost £15,000, was submitted to the Ministry of Health, on October 5th, 1937, but was subsequently withdrawn on account of the difficulty of obtaining land for out-fall works. The scheme has been further complicated by proposed mining operations in the drainage area.

Preliminary investigations have also been made in respect of schemes for the Parishes of Lowca, Distington, and St. John's, Beckermest (Blackbeck Village). Consideration is also being given to the sewerage of small groups of houses provided with an adequate supply of water but not near public sewers.

The existing works of sewage disposal call for close supervision to ensure efficiency and satisfactory working. Sludge drying and disposal methods call for improvement.

The judicious planting of trees at some of the works would add considerably to their amenity.

The only extension of sewers during the year was at the Parton Housing Site.

RIVERS AND STREAMS.

The sewage pollution that takes place at Keekle, Haile, Calderbridge and Gosforth will be removed when the Sewage Disposal works for these areas are completed.

CLOSET ACCOMMODATION.

There is nothing to report in this connection, no conversions having been carried out during the year.

PUBLIC CONVENIENCES.

The built up areas are amply provided with public urinals. Many of these urinals are now badly sited, receive abusive use, and are of a type difficult to cleanse.

During the year a public lavatory for both sexes was completed for the village of Egremont at a cost of £800. A scheme is to be prepared for the village of Frizington.

PUBLIC CLEANSING.

With the exception of a small number of properties in the scavenging areas which are still on the conservancy system, the collection and disposal of refuse in thirteen of the parishes (or parts thereof) is carried out by the Council's own workmen. For this purpose the Council acquired a second Leyland Cub Petrol Refuse Vehicle in May, 1937. The necessity for mechanical transport will be more apparent when the present tips near the collecting areas are full.

The service is to be extended to the parishes of Haile, Calderbridge and Gosforth on completion of the sewerage scheme in hand.

The provision of covered sanitary dustbins continues to be called for. Seventy-nine were provided during the year.

The disposal of the refuse is by bulk tipping in old quarries or mine shafts or on areas which have subsided as the result of mining operations. This method is cheap but unsatisfactory.

The scavenging of the streets is carried out by the County Highway Authority by arrangement with that authority. The charge to this Council in 1936-1937 was: Frizington £100, Cleator Moor £191, and Egremont £208.

No arrangements for the collection of trade refuse are in operation.

SANITARY INSPECTION OF THE AREA.

The following is a summary of the inspections carried out under the Public Health and other Acts relating to Public Health matters in the district during the year 1937.

Visits to premises generally	...	...	...	...	6,766
„ „ private slaughterhouses	...	...	...	...	1,563
„ „ dairies and cowsheds	...	...	...	...	629
„ „ premises where food is sold, etc	...	...	...	...	165
„ „ houses under the Housing Acts	...	...	...	...	1,983
„ „ houses under the Public Health Acts	...	...	...	...	1,063

Visits to cases of Infectious Disease	...	...	...	65
,, ,, cases of Tuberculosis	...	...	...	91
,, ,, Factories and Workshops	...	...	...	9
,, re Investigation of Water Supplies	...	...	...	168
,, to Refuse Tips	...	...	...	51
,, ,, Fried Fish Shops	...	...	...	9
,, ,, Bakehouses (Factory)	...	...	...	4
,, ,, Bakehouses (Non Factory)	...	...	...	32
,, re Investigation under the Rats and Mice Destruction Act	...	...	...	46
,, ,, Drain Testing	...	...	...	95
,, to Schools	...	...	...	5
,, re Overcrowding	...	...	...	471
,, to Tents, Vans or Sheds	...	...	...	58
,, ,, Public Houses, Inns and Hotels	...	...	...	78
,, ,, Shops under Shops Act, 1934	...	...	...	128
,, re cleansing	...	...	...	34
,, re Rivers Pollution Prevention	...	...	...	1
,, to Marine Store Dealer	...	...	...	1
,, re conversion of privies	...	...	...	17

In connection with the above visits the following action was necessary:—

Informal Notices Served	...	...	...	275
Informal Notices complied with	...	...	...	89

NUISANCES.

	<i>Found</i>	<i>Abated</i>
Choked drains	14	14
Defective and dirty W.C. fittings	3	2
Offensive accumulations	6	4
Insufficient water supplies	62	34
Defective and choked rain water fall pipes	1	1
Choked Sewers	2	2
Houses with insufficient ashpit accommodation	41	33
Defective drainage	1	1
Insufficient water closet accommodation	1	0
Unclean dwelling-houses	5	5
	<hr/> 136	<hr/> 96

61 houses were disinfected after infectious disease.

SHOPS.

During the year 128 visits were paid to shops. Of the 131 premises on the Register the provisions of the Shops Act, 1934, may only reasonably be applied to 35.

SMOKE ABATEMENT.

No action was taken during the year with a view to the abatement of nuisance from smoke in the area.

SWIMMING BATHS AND POOLS.

A swimming pool under St. Bees Head provided by voluntary effort is the only example in the district.

ERADICATION OF BED BUGS.

During the year 11 houses were found to be infested with bed bugs and were disinfested. None of these houses were Council houses. The houses were disinfested with sulphur dioxide and the use of insecticidal sprays.

The work in all cases was carried out by a Sanitary Inspector. Periodical re-visits were paid to the houses and disinfectants were issued free to the tenants and advice given as to suitable decorations to be used in the house and general methods of keeping the house free from re-infestation by vermin.

PLAYING FIELDS AND OPEN SPACES.

The Council in co-operation with the County Council and the Parish Councils commenced a survey of their district to ascertain the need, if any, for further playing field facilities.

At Parton, Lowca, and Moresby, recreational facilities have been provided by the Miners' Welfare Association. In a number of cases the provision by private organisations appears adequate for the purpose.

The common case appears to be that land, either rented, leased, or owned by the Parish Council is available which requires levelling and developing for the juvenile population. The provision for recreational facilities for adolescents can be best met and maintained by development at a limited number of selected centres.

The first scheme adopted by the Council is for the development of approximately 14 acres of land near the Council Chambers and the Public Park, Cleator. This scheme, estimated to cost £5,400 was submitted to the Playing Fields Association on 17th February, 1937.

D.—HOUSING.

1.—INSPECTION OF DWELLING-HOUSES DURING THE YEAR.

(1)	(a)	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	460
	(b)	Number of inspections made	3,037
(2)	(a)	Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	298
	(b)	Number of inspections made	969
(3)		Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	116
(4)		Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	182

2.—REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	134
--	-----

3.—ACTION UNDER STATUTORY POWERS DURING THE YEAR.

(a)—Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936:—	
(1) Number of dwelling-houses in respect of which notices were served requiring repairs	31
(2) Number of dwelling-houses which were rendered fit after service of formal notices:—	
(a) By Owners	12
(b) By Local Authority in default of owners	<i>nil</i>
(b)—Proceedings under Public Health Acts.	
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	63

(2)	Number of dwelling-houses in which defects were remedied after service of formal notices—	
(a)	By Owners	6
(b)	By Local Authority in default of owners	34
(c)	Proceedings under Sections 11 and 13 of the Housing Act, 1936:—	
(1)	Number of dwelling-houses in respect of which Demolition Orders were made ...	<i>nil</i>
(2)	Number of dwelling-houses demolished in pursuance of Demolition Orders	7
(d)	Proceedings under Section 12 of the Housing Act, 1936:—	
(1)	Number of separate tenements or underground rooms in respect of which Closing Orders were made	<i>nil</i>
(2)	Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	<i>nil</i>

4.—HOUSING ACT, 1936.—PART IV. OVERCROWDING.

(a)—(1)	Number of dwellings overcrowded at the end of the year	32
(2)	Number of families dwelling therein ...	32
(3)	Number of persons dwelling therein ...	227
(b)	Number of new cases of overcrowding reported during the year	<i>nil</i>
(c)—(1)	Number of cases of overcrowding relieved during the year	17
(2)	Number of persons concerned in such cases	115

Of the seventeen cases of overcrowding relieved during the year, seven families were relieved by procuring suitable alternative accommodation. In the other ten cases, the overcrowding was relieved by members of the families removing to other accommodation or leaving the district.

(d)—No cases came to notice of dwelling-houses again becoming overcrowded after previous overcrowding had been relieved.

No scheme has so far been formulated for the provision of housing accommodation to relieve overcrowding.

HOUSING ACT, 1936.—PART III.

A Public Enquiry was held in October into the Council's application for the confirmation of eight Clearance Orders—three in the parish of Arlecdon and Frizington, three in the parish of Cleator Moor, and two in the parish of Egremont and confirmation of these orders has since been received.

This means that twenty-nine areas have now been declared and confirmed, but not a single house has yet been commenced to rehouse the people who should be displaced under these orders.

It is perfectly futile to represent areas and have Clearance Orders made without any practical result and it is years now since this work was first begun. Many more houses have been scheduled for inclusion in areas but there does not appear to be any point in making further representations until something material has been accomplished and it is not the intention to make any more representations until something has been done about the areas already confirmed. The Council is waiting for the North Eastern Housing Association to build these houses, and it is hoped that that body will soon be able to show some tangible results.

During the year only two houses were erected in the area—both by private enterprise—one in the Parish of Distington and one in the Parish of Gosforth.

IMPROVEMENTS CARRIED OUT UNDER THE HOUSING ACTS.

Lighting and ventilation improved	...	...	...	...	...	1
New eaves or R.W.F.P. provided or repaired	...	...	...	...	...	17
Roofs repaired	...	...	...	...	...	30
New sinks provided	...	...	...	...	...	42
Chimney stacks repaired	...	...	...	...	...	15
Gable walls repaired	...	...	...	...	...	4
Doors repaired	...	...	...	...	...	9
Yards repaved and improved	...	...	...	...	...	48
External walls repaired	...	...	...	...	...	41
LIVING ROOMS.						
Floors repaired	...	...	...	...	...	67
Fireplaces repaired	...	...	...	...	...	5
Window frames repaired	...	...	...	...	...	23
Dampness prevented	...	...	...	...	...	22
Plasterwork repaired	...	...	...	...	...	40
Other defects	...	...	...	...	...	24
SLEEPING ROOMS.						
Dampness prevented	...	...	...	...	...	19
Plasterwork repaired	...	...	...	...	...	56
Floors repaired	...	...	...	...	...	5
Windows repaired	...	...	...	...	...	37
Other defects	...	...	...	...	...	12
SCULLERIES.						
Plasterwork repaired	...	...	...	...	...	10
Sink waste pipes repaired	...	...	...	...	...	16
Floors repaired	...	...	...	...	...	24
Boilers renewed	...	...	...	...	...	9
Water closets repaired or renewed	...	...	...	...	...	44
Water closet structures repaired	...	...	...	...	...	19
Drainage improved	...	...	...	...	...	41
Other defects	...	...	...	...	...	16
Washing accommodation renewed or repaired	9
New sculleries built	2
Water supply provided	4
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E.—INSPECTION AND SUPERVISION OF FOOD.

(a) MILK SUPPLY.

There are 378 registered producers in the district of whom twenty six produce designated milk, viz.:—

Tuberculin Tested ...	...	...	...	2
Accredited ...	...	...	...	24
Ordinary ...	...	...	...	352

Three hundred and eighty persons are registered as milk purveyors, viz.:—

Retail only ...	...	...	...	127
Wholesale only ...	...	...	...	21
Wholesale and retail ...	...	...	...	4
Butter only ...	...	...	...	228

Two of the retailers are not producers.

The number of registered premises is 379 and during the year 629 visits were paid to these, and in consequence of informal action 53 premises were brought up to a satisfactory standard during the year.

SAMPLING.

During the year the scheme for co-operation with the County Authorities in regard to taking samples was continued. The Sanitary Inspectors take all the samples, and the cost is shared between the two Authorities.

A report of the findings is sent to the Medical Officer of Health, and also to the County Veterinary Officer. The Officials of the local authority deal with matters pertaining to buildings, cleanliness, &c., whilst matters involving the health of animals are dealt with by the County Veterinary Department.

During the year 256 samples were taken and submitted for examination. These are shown according to grade of milk, result, and number of producers concerned:—

<i>Grade</i>	<i>SATISFACTORY</i>		<i>UNSATISFACTORY</i>	
	<i>Producers</i>	<i>Samples</i>	<i>Producers</i>	<i>Samples</i>
Tuberculin Tested	2	20	1	5
Accredited ...	24	57	4	10
Ordinary ...	62	69	53	95
	—	—	—	—
	88	146	58	110
	—	—	—	—

The standard taken as satisfactory in graded milks is that fixed by regulations, and for ordinary milks for which no standard is fixed, the standard taken is that for Accredited milk. This is a standard that can be attained by methods of reasonable care and cleanliness. The public has a right to expect this standard and it should be made compulsory.

Evidence of the presence of Tubercle Bacilli was found in nine cases, and these were dealt with by the County Veterinary staff.

(b) MEAT AND OTHER FOODS.

The following are the number of slaughterhouses at present in the district:—

Registered private slaughterhouses	...	...	1
Licensed ...	...	...	18
			—
			19
			—

1,563 visits were paid to these during the year and they were found to be well conducted and clean.

The numbers of Carcases inspected and condemned in whole or part are shown in the following Table:—

CARCASES INSPECTED AND CONDEMNED.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number inspected ...	1049	428	16	2373	948
<i>All Diseases Except Tuberculosis</i>					
Whole carcasses condemned	—	—	—	3	1
Carcases of which some part or organ was condemned ...	104	81	—	31	12
Percentage of the number inspected affected with disease other than Tuberculosis ...	9.9	18.9	—	1.4	1.4
<i>Tuberculosis only.</i>					
Whole carcasses condemned	1	20	—	—	1
Carcases of which some part or organ was condemned ...	37	110	—	—	24
Percentage of the number inspected affected with Tuberculosis ...	3.7	30.3	—	—	2.6

The amount of meat surrendered and destroyed was:—

	<i>Tons.</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>lbs.</i>
Tuberculosis ...	6	8	I	26
Other Diseases ...	I	4	I	24
Totals ...	7	I2	3	22

The following shows in tabular form diseases found other than Tuberculosis and the amount of meat affected and destroyed.

					<i>Cwts.</i>	<i>Qrs.</i>	<i>lbs.</i>
Distomatosis	...	...	...	...	12	1	2
Abcesses	...	...	...	...	1	0	0
Decomposition	...	...	...	...	1	3	4
Cirrhosis	...	...	...	...	—	3	1
Cavernous Angioma	...	...	...	...	—	2	12
Necrosis	...	...	...	...	—	1	14
Hydatid Cysts	...	...	...	...	1	2	—
Pneumonia	...	...	...	...	1	—	—
Bruising	...	...	...	...	—	2	14
Mastitis	...	...	...	...	—	—	12
Nephritis	...	...	...	...	—	—	6
Pyæmia	...	...	...	...	3	—	14
Dropsy	...	...	...	...	—	3	16
Actinomycosis	...	...	...	...	—	1	11
					24	1	24

SLAUGHTER OF ANIMALS ACT.

Inspections under the above Act were made and no contraventions were found.

The Council considered an application from the R.S.P.C.A. for the inclusion of sheep in the compulsory use of the humane killer. After hearing representatives of the Society and of the Butchers' Association, the Council decided not to accede to the application.

PUBLIC HEALTH ACT, 1875, AND MEAT REGULATIONS, 1924.

On the instructions of the Council proceedings were taken against two butchers for (a) Exposing unsound meat (b) Failing to notify the diseased condition of the meat. The first case was dismissed on a legal technicality and the second case not proceeded with.

OTHER FOODS.

Regular visits have been paid to all premises where food is stored, prepared for sale, or sold. In all cases premises were found to be in a cleanly condition.

F.—PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

1.—Notifiable Diseases other than Tuberculosis.

The number of cases of infectious disease, other than Tuberculosis, notified during 1937 are shown by age, admission to hospital, and deaths in the accompanying Table:—

NOTIFIABLE DISEASES DURING THE YEAR.

DISEASE.	Total Cases	Under 1 Year.	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	Over 65	Admitted to Hospital.	Total Deaths.
Scarlet Fever	26	—	—	2	1	1	16	6	—	—	—	—	—	24	—
Diphtheria	31	—	1	1	3	1	13	7	2	1	1	1	—	31	1
Enteric Fever (including Paratyphoid) ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever	1	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Puerperal Pyrexia	1	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Pneumonia (Primary and Influenzal) ...	46	1	1	1	1	1	1	2	1	9	3	24	1	— (all 3)	21 (ferms)
Ophthalmia Neonatorum	8	8	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	18	—	—	—	—	—	—	—	—	3	3	12	—	—	—
Chickenpox	5	1	1	1	—	—	—	—	1	1	—	—	—	—	—

SCARLET FEVER.

Twenty six cases of Scarlet Fever were notified during the year—an increase of nineteen cases as compared with the previous year. Eight parishes were affected, Cleator Moor chiefly with thirteen cases, Egremont four, Frizington, Lamplugh and Moresby two each, and St. Bees, Distington and Lowca one each. Cases were spread over the whole year, but the biggest proportion occurred in the latter half of the year.

Twenty four of the cases were admitted to Galemire Hospital. They were generally of a mild type and there were no complications or deaths.

It might be considered whether the cases of Scarlet Fever that are now seen justify the occupation of beds in a Fever Hospital especially where accommodation is so limited, and where there is no provision for cubicle nursing.

In fact one might go further and question whether the Public Health policy generally accepted, both with regard to notification and isolation of Scarlet Fever, does not require reconsideration.

What is notified as "Scarlet Fever" would appear to be only one manifestation of streptococcal infection and not a clinical disease in itself. On that assumption, it is evident that only a proportion of such cases are notified since by no means all of them show the classical symptoms of "Scarlet Fever." Other streptococcal infections, such as streptococcal sore throat without a red rash, are just as infectious as the cases with a rash and may equally give rise to cases of so-called "Scarlet Fever." The presence or absence of a rash is no guide to the degree of infectivity nor to the liability to damage by complications.

To notify only those cases then that show a red rash and to remove these to a Fever Hospital seems perfectly futile as a means of controlling the spread of infection. Nothing is gained by it from the public health point of view since a larger number of equally infectious cases are left at home without being notified and without special precautions being taken seeing they are not "fever" cases in the ordinarily accepted term.

Moreover, it is doubtful whether hospitalisation, especially in time of epidemic, when accommodation is likely to be taxed beyond reasonable limits and more especially in the ordinary fever hospital where there is no provision for cubicle isolation, will not actually increase the danger to the patients admitted

since they become liable to cross-infection by different strains of the organism, and are thus rendered more liable to complications and sequelae.

In view of the ease with which most of these cases can be treated at home with some of the recently introduced drugs, cases should be selected for admission to Hospital on definite clinical or other grounds only, and not simply because of the fact that they happen to exhibit a red rash.

There has not been a death attributed to Scarlet Fever in the Ennerdale Rural District for years. On the other hand, there are several deaths from Measles every year. Would it not be more profitable to use the Hospital beds there are for Measles in young children belonging to poor homes rather than for dealing in this unsatisfactory way with so-called "Scarlet Fever"?

DIPHTHERIA.

Thirty one cases were notified during the year as against one hundred and fifty three in the previous year, the attack rate of population being 1.2 as against 5.5.

All the cases were removed to Hospital. The number of cases in which the diagnosis was confirmed clinically or bacteriologically was twenty three as against 137 in 1936. One case died as against eight in the previous year.

Six parishes were affected—Egremont again being chiefly affected with seventeen actual cases. The other parishes affected were Cleator Moor 2 cases, Lowca, Parton, Frizington and St. John's, one each.

The condition showed very great improvement over the previous year and at no time, even in Egremont, was there anything like an epidemic, the largest number of cases in any one quarter from that parish being seven in the first three months of the year. One may say that the position is now normal as regards Diphtheria in the District and at the time of writing this report there is not a case of Diphtheria in Hospital nor is one known to be in the district.

There is not much doubt that the policy of immunisation has played a large part in bringing about this happy state of affairs, and it is work that appears to have been very much worth while.

During the year 551 inoculations were carried out under the Local Authority's arrangements at schools in the area making a total of 1,872 by the officers of the Local Authority since the scheme was first put into operation in 1936.

In addition the officers of the County Council have carried out inoculations in the area for children going to camp under the Summer Camp Scheme.

The method employed was the one-shot method using A.P.T. (Parke Davis and Co.). In last year's report the result of a bulk test of over 100 Egremont children, which was carried out actually in the early part of 1937, was detailed. Schick testing of these subsequent to immunisation gave a result of 98% Schick-Negatives, in other words, 98% were shown to be now immune.

In view of the work that has been published recently in reference to the efficiency of the "one-shot" method it was decided to give two injections in future and this is now being done. It has been found that the preliminary small dose (0.2 c.c.) gives a valuable guide to susceptibility and that subsequent doses can be regulated accordingly. In young children where the danger of default is greater 0.5 c.c. is given both times, so that if the child does default at the second injection, he has at least obtained as much benefit as he would have done under the original scheme.

PUERPERAL FEVER AND PUERPERAL PYREXIA.

One case of Puerperal Fever and one of Puerperal Pyrexia were notified during the year, both being notified from Whitehaven Hospital, the confinement of the Pyrexia case having taken place there, and the Puerperal Fever case having been admitted to that institution. Both cases recovered.

OPHTHALMIA NEONATORUM.

Eight cases were notified—all confinements having taken place at home. Three of the cases were sent to Fusehill Hospital, Carlisle, under county arrangements for treatment.

PNEUMONIA.

Forty six cases of Acute, Primary or Influenzal Pneumonia were notified.

ERYSIPELAS.

Eighteen cases were notified.

GALEMIRE FEVER HOSPITAL.

Galemire Hospital, belonging to the Ennerdale Rural District Council, continued to be used jointly for infectious cases from the Ennerdale Rural District and from Whitehaven Borough.

Dr. W. S. Eaton was in charge as Medical Superintendent as a part-time appointment until the end of March when the duties of Medical Superintendent were taken over by the Medical Officer of Health.

The work of the Hospital was considerably less during the year compared with the previous one, ninety cases being admitted as against 190 during 1936. The admissions were spread over the whole year more or less evenly, and at no time was there any special outbreak.

ADMISSIONS AND DISCHARGES.

	Diphtheria.	Scarlet Fever.	Dysentery	Para-typhoid Fever	Diagnosis not Confirmed.	Total.
In Hospital						
Jan. 1, 1937	21	5	1	—	—	27
Admitted 1937 ...	44	30	—	1	15	90
Discharged 1937	60	31	1	—	15	107
Died	1	—	—	1	—	2
In Hospital						
Jan. 1st, 1938	4	4	—	—	—	8

At the close of 1936 there were 27 cases in Hospital, viz.: Diphtheria 21, all belonging to the Rural District; Scarlet Fever 5, 4 belonging to the Borough of Whitehaven and 1 to the Rural District; and Dysentery 1, belonging to the Borough.

During 1937 a total of 90 cases were admitted as follows:

	<i>Borough.</i>	<i>Rural District.</i>	<i>Total.</i>
Diphtheria	21	23	44
Scarlet Fever	6	24	30
Paratyphoid B	1	—	1
Diagnosis not confirmed	4	11	15
	—	—	—
	32	58	90
	—	—	—

Two cases died in Hospital during the year, viz.:—One case of Diphtheria (belonging to the Rural District), and one of Paratyphoid B (belonging to the Borough); 107 cases were discharged and eight viz.:—4 cases of Diphtheria (2 belonging to the Rural District and 2 to the Borough), and four cases of Scarlet Fever (all belonging to the Rural District) remained in Hospital at the close of the year.

PATIENT DAYS.

The Patient Days for all cases were as follows:—

	<i>Borough.</i>	<i>Rural District.</i>	<i>Total.</i>
Diphtheria	565	1,085	1,650
Scarlet Fever	194	578	772
Dysentery	20	—	20
Paratyphoid B	16	—	16
Diagnosis not confirmed	28	66	94
	<hr/> 823 <hr/>	<hr/> 1,729 <hr/>	<hr/> 2,552 <hr/>

The average duration of treatment of cases discharged during 1937 was:—

Diphtheria (60 cases)	35 days
Scarlet Fever (31 cases)	24 „
Dysentery (1 case)	50 „
Other Cases (15)	
(Diagnosis not confirmed)	6 „

II.—CANCER.

There were (according to the Registrar General's figures) fifty nine deaths from Cancer during 1937—thirty males and twenty nine females—which gave a Mortality Rate of 2.2 per 1,000 of population. Local returns show only 57 cases.

This shows a very large increase in the number of deaths from this disease as compared with previous years, the figure being 33—fifteen males and eighteen females—in 1936, and 28—eighteen males and ten females—in 1935.

In the male group, Cancer of the stomach largely accounts for the increase, thirteen deaths being due to that cause as compared with three in the previous year. In the

female group no one organ shows any such marked increase—the increase being more generally spread over the various organs involved.

The sites of the lesions in the two groups were as follows:—

<i>MALES.</i>				<i>FEMALES.</i>			
Lip	...	...	1	Oesophagus	...	...	2
Jaw	...	...	1	Stomach	...	...	6
Oesophagus	...	...	2	Colon	...	...	1
Stomach	...	...	13	Rectum	...	...	2
Caecum	...	...	1	Liver	...	...	3
Colon	...	...	3	Gallbladder	...	...	1
Rectum	...	...	2	Uterus	...	...	6
Liver	...	...	1	Ovaries	...	...	1
Larynx	...	...	1	Breast	...	...	3
Bladder	...	...	1	Bladder	...	...	1
Prostate	...	...	2	Glands of Neck	...	...	1
Penis	...	...	1				—
Pelvis	...	...	1				27
			—				—
			30				
			—				

The average age at death of all cases was 67—for males 70 and for females 63.

III.—(a) PREVENTION OF BLINDNESS.

No action was taken under Section 66 of the Public Health Amendment Act, 1925, or under Section 176 of the Public Health Act, 1936.

(b) PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.

By the Regulations the Local Authority can prevent anyone suffering from Tuberculosis of the respiratory tract and in an infectious state from being employed in connection with a dairy or the handling of milk or vessels for containing milk. The Regulations also forbid anyone knowing he is suffering from Tuberculosis from undertaking such employment. No action was necessary under these Regulations. Nor was any action taken under Section 62 of the Public Health Act, 1925, or Section 172 of the Public Health Act, 1936, which empowers a Court of Summary Jurisdiction, on the application of the Local Authority, to make an order for the removal to, and detention in, hospital of persons suffering from Tuberculosis who are in an infectious state and dangerous to the public health.

IV.—TUBERCULOSIS.

The following Table shows the new cases and mortality for the District during 1937.

Age Periods.	New Cases.				Deaths.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	Male	Female.	Male.	Female.	Male.	Female.	Male.	Female.
0—1	0	0	1	1	0	0	1	0
1—5	0	0	2	1	0	0	2	2
5—10	3	2	2	2	0	0	1	0
10—15	1	1	1	2	0	0	0	0
15—20	0	4	0	1	0	2	0	2
20—25	2	1	0	2	1	3	1	1
25—35	7	5	0	0	1	5	0	0
35—45	0	2	0	0	2	1	0	0
45—55	4	0	0	0	5	2	1	1
55—65	2	1	0	0	2	0	0	0
65 and upwards	2	1	0	0	2	1	0	0
Total	21	17	6	9	11	14	6	6

New cases numbered 53, 38 respiratory and 15 non-respiratory. This shows a decrease, compared with the previous year, of fourteen cases the respiratory cases being reduced by six and the non-respiratory by eight.

Deaths from Tuberculosis numbered 37, one less than in 1936—twenty-five respiratory and 12 non-respiratory. The Death Rate per thousand of population was:—

				<i>Ennerdale</i> R.D.	<i>England and</i> <i>Wales.</i>
Respiratory	...	...	...	1.05	0.58
Non-Respiratory	...	...	...	0.33	0.11
All Forms	...	...	...	1.38	0.69

The corresponding rates for England and Wales are shown alongside from which it will be seen that the Death Rate from all forms of Tuberculosis in the district was double that for the country as a whole.

As has been remarked earlier in the report, there is little doubt that the long period of depression in the area and the bad housing conditions that are prevalent are important contributory factors to this state of affairs.

Of the deaths, five or 14% were not previously notified as suffering from Tuberculosis, and in each case a satisfactory explanation was received.

The number of cases belonging to the district who received Sanatorium treatment during the year are shown in the following Table.

SANATORIUM TREATMENT.

			In Institutions 1st Jan. 1937.	Admitted	Dis- charged.	Died.	In Institutions 1st Jan. 1938.
PULMONARY CASES:							
Men	...	...	8	14	15	2	5
Women	...	...	6	9	10	—	5
Boys	...	...	2	4	5	—	1
Girls	...	...	4	2	5	1	—
NON-PULMONARY CASES:							
Men	...	...	—	—	—	—	—
Women	...	...	—	4	1	1	2
Boys	...	...	—	—	—	—	—
Girls	...	...	—	1	1	—	—
OBSERVATION CASES:							
Males	...		3	8	8	—	5
Females	...	...	1	5	4	—	2
Total	...		24	47	49	4	18

The number of cases on the Tuberculosis Register at the end of 1937 was:—

Respiratory—Males	...	...	...	83
—Females	...	...	...	92
Non-Respiratory—Males	...	...	...	21
—Females	...	...	...	35
Total	...			<u>231</u>

FACTORIES AND WORKSHOPS.

In accordance with the requirements of the Ministry of Health, particulars relating to Factories and Workshops are set out in the following Table:—

FACTORIES AND WORKSHOPS.

I.—INSPECTION OF FACTORIES, WORKSHOPS, AND WORKPLACES.

PREMISES. (1)	Number of		
	Inspection. (2)	Written Notices. (3)	Prosecutions. (4)
Factories (Including Factory Laundries)	10	1	—
Workshops (Including Workshop Laundries)	35	—	—
Workplaces (Other than Outworkers' Premises)	—	—	—
Total	45	1	—

2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS & WORKPLACES.

PARTICULARS. (1)	Number of Defects.			Number of Prosecutions. (5)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	
Nuisances under the Public Health Acts:—				
Want of Cleanliness	—	—	—	—
Want of Ventilation	—	—	—	—
Overcrowding	—	—	—	—
Want of Drainage of Floors	—	—	—	—
Other Nuisances	—	—	—	—
Sanitary Accommodation { Insufficient	—	—	—	—
{ Unsuitable or Defective	—	—	—	—
{ Not separate for Sexes	1	—	1	—
Offences under the Factory and Workshops Acts:—				
Illegal Occupation of Underground Bakehouse	—	—	—	—
Other Offences (Excluding offences relating to out work and offences under the Section mentioned in the Schedule to the Ministry of Health (Factories & Workshops Transfer of Powers) Order, 1921.)	—	—	—	—
Total	1	—	1	—

The above Table shows the number of inspections, notices served and defects remedied during the year.

